

Application for Employment

Clay County Sheriff's Department · 104 E Edgar · Clay Center, NE 68933

Clay County assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, mental or physical disability or religious creed and with proper regard for their privacy and constitutional rights. Before completing this application, you are advised to read the section entitled, "Important Facts About Information on Your Application" found on the back page. **Applicants who need accommodation in the selection process should request this in advance.**

Social Security Number Please type or use dark ink		Type of Work Desired (Check all that apply)	
Applicant's Name (Last, First Middle Initial)		Date Available of Work	
Street Address		Position Applied For	
City, State, Zip		Are you a Veteran?	
Home Telephone #	Work Telephone #	Veteran's Preference can only be given if you submit a DO214 or NGB22 that verifies service in one (or more) of these time frames.	
Have you ever been convicted of a violation of law other than a minor traffic violation? If yes, please explain. Note: Conviction will not necessarily disqualify an applicant from employment. The date of occurrence, severity and pertinence of the conviction to the job will be considered.		1. WW II	3. Vietnam Era
		2. Korean Incident	4. Desert Storm/Shield
		Are you legally able to work in the United States?	

EMPLOYMENT RECORD

List below the positions you have held starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties", describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. **Please be complete.** Your employment history may be verified by contacting previous employers unless you request otherwise. Volunteer or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. **If you need more space, attach a separate sheet of paper.**

EMPLOYMENT INFORMATION				DESCRIPTION OF DUTIES	
Employment/Kind of Business			Position/Title		Number Supervised
Street Address			Specific Duties		
City, State, Zip					
Immediate Supervisor/Title		Telephone Number/ext.			
Dates of Employment (Month, Year)					
From: To:					
Total Employed: Years Months		Hours Worked per Week	Reason for Job Change		
Employment/Kind of Business			Position/Title		Number Supervised
Street Address			Specific Duties		
City, State, Zip					
Immediate Supervisor/Title		Telephone Number/ext.			
Dates of Employment (Month, Year)					
From: To:					
Total Employed: Years Months		Hours Worked per Week	Reason for Job Change		

Employment/Kind of Business				Position/Title		Number Supervised				
Street Address				Specific Duties						
City, State, Zip										
Immediate Supervisor/Title		Telephone Number/ext.								
Dates of Employment (Month, Year)										
From:		To:								
Total Employed: Years Months				Hours Worked per Week		Reason for Job Change				
EDUCATION/SKILLS RECORD										
Give your complete educational history. Transcripts of post high school coursework may be required.										
Foreign Languages				Have you had training/coursework of experience in (Please check all that apply.)						
Are you bilingual?				Types of Equipment _____						
UNIVERSITY AND COLLEGE (Undergraduate, Graduate, Doctorate)										
Name and Location		From		To		Total Hours	Fields of Study	No. of Hrs.	Date of Graduation Degree Awarded	
		Mo.	Yr.	Mo.	Yr.				Mo.	Yr.
Name:							Major:			
Location:							Minor:			
Name:							Major:			
Location:							Minor:			
Business, Correspondence, Trade, Technical, or Vocational School, or Military In-Service Training				Date of Attendance Month/Year		Full-Time Hours/Week	Part-Time Hours/Week	Degree Received		Title of Program or Subjects Taken
Name		Location		From	To			Yes	No	
LICENSES AND CERTIFICATES										
If a license, certificate or other authorization to practice a trade or profession is required for the position for which you are applying complete the following questions.										
Names of Trade or Profession								License Number		
Granted By:						City and/or State				
Specialty						Licensed			From:	To:

I understand that any false information in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation and educational institution to answer any and all questions that may be asked and herewith hold such person harmless for giving any and all information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation, in addition my signature on the application form will serve as authorization to release any and all information recorded on or attached to this application to any state or federal investigative agency.

Sign
Here

Use Ink

Applicant's Signature

Date